

**Georgia Department of Human Resources
ADA Disability Tracking and Documentation Form**

_____ County Department of Family and Children Services

Case Name _____

Case Number _____

Client Name _____

Case Manager/Caseload _____

Client ID Number _____

Telephone Number _____

Date _____

Does the client claim, or did the case manager observe, a disability? Yes No

Nature of Disability (check as many as are applicable):

- | | | |
|---|--|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Brain injury | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Personality disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Psychosis – mild |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Mental retardation – mild | <input type="checkbox"/> Psychosis – moderate |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Mental retardation – moderate | <input type="checkbox"/> Psychosis – severe |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Mental retardation – severe | <input type="checkbox"/> Respiratory disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Digestive disorder | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Spinal injury |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Neurosis – mild | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Neurosis – moderate | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Neurosis – severe | <input type="checkbox"/> Other _____ |

Disability Confirmation (check what is applicable)

- | | |
|---|--|
| <input type="checkbox"/> Pending | <input type="checkbox"/> Physician's statement |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Worker's observation |
| <input type="checkbox"/> Vocation Rehabilitation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Veteran's Administration | _____ |

Document the following on the REMA screen behind DEM4:

- Specific limitations to employment, training, referral or placement
- Referrals made for treatment or training
- Work activities assigned or postponed, support services provided, accommodations provided.